

Yale SCHOOL OF MEDICINE

February 17, 2020

Dear Dr. LeRoy,

The Yale School of Medicine's Dean's Advisory Council for LGBTQI+ Affairs (DAC) and the Yale Pediatric Gender Program commend the American Academy of Family Physicians (AAFP) on the organization's past resolutions towards equality in LGBTQI+ healthcare. We specifically applaud the [Academy's support](#) of efforts to require insurers to provide coverage for comprehensive care of transgender individuals including gender-affirming medical care, screening tests based on medical need rather than gender, mental healthcare, and, when medically necessary, gender-affirming surgery.¹

In light of [recent considerations](#) of policies regarding the appropriateness of gender-affirming healthcare for transgender youth,² **DAC and the Yale Pediatric Gender Program join the call for the AAFP to specifically declare organizational support for medically-necessary gender-affirming care for transgender children and adolescents, and to oppose any bill that would limit medical decision-making by patients, their families, and their physicians to provide gender-affirming care for transgender youth.**

As the political movement against transgender youth shifts focus from bathroom bills to the custody battle between parents of a gender-expansive 7-year-old, the spread of disinformation about what it means to be a human of transgender, non-binary, or gender-expansive experience is threatening the progress towards equitable transgender healthcare. Additionally, misconceptions about the intentions, goals, and even the meaning of “gender-affirming care” amplify misguided arguments against permitting gender-expansive children to freely develop their gender expression in ways shown to be healthy. Transgender youth often have a mismatch between their assigned sex at birth and their internal sense of gender identity, and gender affirmation has been shown to alleviate dysphoria experienced by gender-diverse children, even without medical or surgical interventions. However, misinformation can lead to an incomplete or inaccurate knowledge base for parents and limited options for physicians, with detrimental effects on youth and their families.

The American Academy of Pediatrics evidence-based policy statement, “Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents,” clearly recognizes that age-appropriate gender-affirming healthcare of transgender and questioning children falls initially and primarily under the umbrella of “social transitioning.” Such an approach, consistent with recommendations from the [Endocrine Society](#) and the [World Professional Association for Transgender Health’s Standards of Care](#),^{3,4} advocates for clinicians and families to individually tailor care to the particular physical and cognitive development of the youth and to creating space for (potentially reversible) affirmations. Without mention of

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medical intervention of any sort prior to the onset of puberty, acknowledging, exploring, and affirming a child's expressed sense of self, by allowing them the freedom to choose their own names, pronouns, clothing and hairstyles, and referring to them in accordance to, and with respect for those choices, has shown to be the best course of action for the psychological well-being of the child.⁵ In many gender diverse children, gender dysphoria increases significantly in early puberty. Pubertal suppression can be an effective way to facilitate social transition without resulting in dysphoria, and studies have shown that transgender individuals who desired pubertal suppression have lower odds of lifetime suicidal ideation if they had access to such therapy.⁶

Neither hormone treatment/medical transition nor surgical interventions are recommended for pre-pubertal gender-variant children. As an adolescent nears puberty, further assessment by family doctors may be beneficial, as options for physical interventions, still partly to fully reversible, become relevant. By providing dysphoric youth already struggling with stigma and discrimination time to further explore their gender identity and defer physical maturation, puberty suppression can temporarily delay development of secondary sexual characteristics and relieve the dysphoria that has been shown to deprive them of a childhood in which they can be their true selves.

The clear and devastating statistics, documented by the [2015 U.S. Transgender Survey](#), paint a picture of the stress of gender dysphoria and stigma experienced by the vast majority of transgender individuals, including: family violence, homelessness, mistreatment in schools (from bullying and verbal harassment to physical and sexual assault), increased high school dropout rates, poor physical and emotional well-being, health disparities, poor self-care, high rates of substance abuse, high rates of anxiety and depression, and high rates of suicidal ideation or attempts.⁷ Many of these sequelae stem from the denigrating treatment experienced by transgender individuals seeking healthcare, whether or not specifically for gender-affirming care.

As the first healthcare providers that gender-expansive youth may encounter, family physicians, alongside pediatricians, play a central role in the health and future well-being of transgender individuals. As described in the 2015 U.S. Transgender Survey, this first healthcare interaction is likely to determine whether or not transgender youth return to the healthcare system for medically necessary healthcare at all, let alone for gender affirmation and/or support.⁷

The DAC and Yale Pediatric Gender Program are proud to join a number of other professional organizations in support of healthcare policies and practices that are gender-affirming for transgender youth, including the [American Academy of Pediatrics](#), the [American Psychological Association](#), the [American Academy of Child & Adolescent Psychiatry](#), the [Endocrine Society](#), the [World Professional Association for Transgender Health](#), the [American College of Obstetricians and Gynecologists](#), and others. We appreciate AAFP's past resolutions regarding

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care for transgender people, and we urge you to support gender-affirming care for transgender children and adolescents.

Thank you for your consideration. If there is any way we can be of assistance, please do not hesitate to contact us at lgbtqiaffairs@yale.edu.

Sincerely,
Dean's Advisory Council for LGBTQI Affairs
Yale Pediatric Gender Program

cc: Ada D. Stewart, MD, FAAFP
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References

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About DAC

The mission of the Yale School of Medicine's Dean's Advisory Council for LGBTQI Affairs (DAC) is to:

- Cultivate a vibrant, connected community of LGBTQI+ individuals and their allies at the Yale School of Medicine
- Collaborate on medical education initiatives that prepare our trainees to provide high quality care to LGBTQI+ populations
- Provide support and mentoring for LGBTQI+ trainees as they progress through their studies and interact with various populations at the School of Medicine
- Expand LGBTQI+ health research at Yale University
- Foster an inclusive patient-centered environment that effectively and compassionately addresses the needs of LGBTQI+ patients

About Yale Pediatric Gender Program

Our clinicians are committed to providing comprehensive, interdisciplinary, family-centered care for children, adolescents and young adults questioning their gender and/or seeking gender-affirming consultation and treatment in a compassionate, respectful and affirming environment.